

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT  
FOR THE  
Western DISTRICT OF NORTH CAROLINA

UNITED STATES OF AMERICA

v.

Case No. 2:11-cr-00022-MR-DLH-10  
(write the number of your criminal case)

Michael James Taylor  
Write your full name here.

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

NOTICE

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☒ Yes

☐ No

**PROPOSED RELEASE PLAN**

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

**A. Housing and Employment**

Provide the full address where you intend to reside if you are released from prison:

441 Forest Ave FranklN, N.C. - 28734 -

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

I'm The property owner, TAX reciepte included

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

N/A

If you have employment secured, provide the name and address of your employer and describe your job duties:

Grading, ESCAVATING, And Driving  
Heavy equipment

Bruce Elliotte #828-371-6668

List any additional housing or employment resources available to you:

I OWN my  
place, plus A rental, And mechanic SHOP/  
THAT ARE PAID For - But Behind on yearly land TAX,  
Due TO the Tragic passing of my FATHER

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

July 1st, 2022  
Date

Michael James Taylor  
Signature

Michael James Taylor  
Name

26580-058  
Bureau of Prisons Register #

F.C.I. Williamsburg  
Bureau of Prisons Facility

P.O. Box 340, Salters, S.C. 29590-  
Institution's Address